

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0506585**

**Insp Area: 4**

**Thos Bros:**

**Sub-Type: NSFR**

**Housing (Y/N): N**

**Site Address: 3449 TERNHAVEN WY SAC**

**Parcel No: THE HAMPTONS VIL. 1 LOT #17**

**CONTRACTOR**

KB HOME NORTH BAY INC.  
611 ORANGE DR  
VACAVILLE CA. 95687

**OWNER**

**ARCHITECT**

**Nature of Work: MP2093 2 STORY 9RM SFR**

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number \_\_\_\_\_ Date 5/17/05 Contractor Signature [Signature]

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

\_\_\_\_ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

\_\_\_\_ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

\_\_\_\_ I am exempt under Sec. \_\_\_\_\_ B& PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 5/17/05 Applicant/Agent Signature [Signature]

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

\_\_\_\_ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

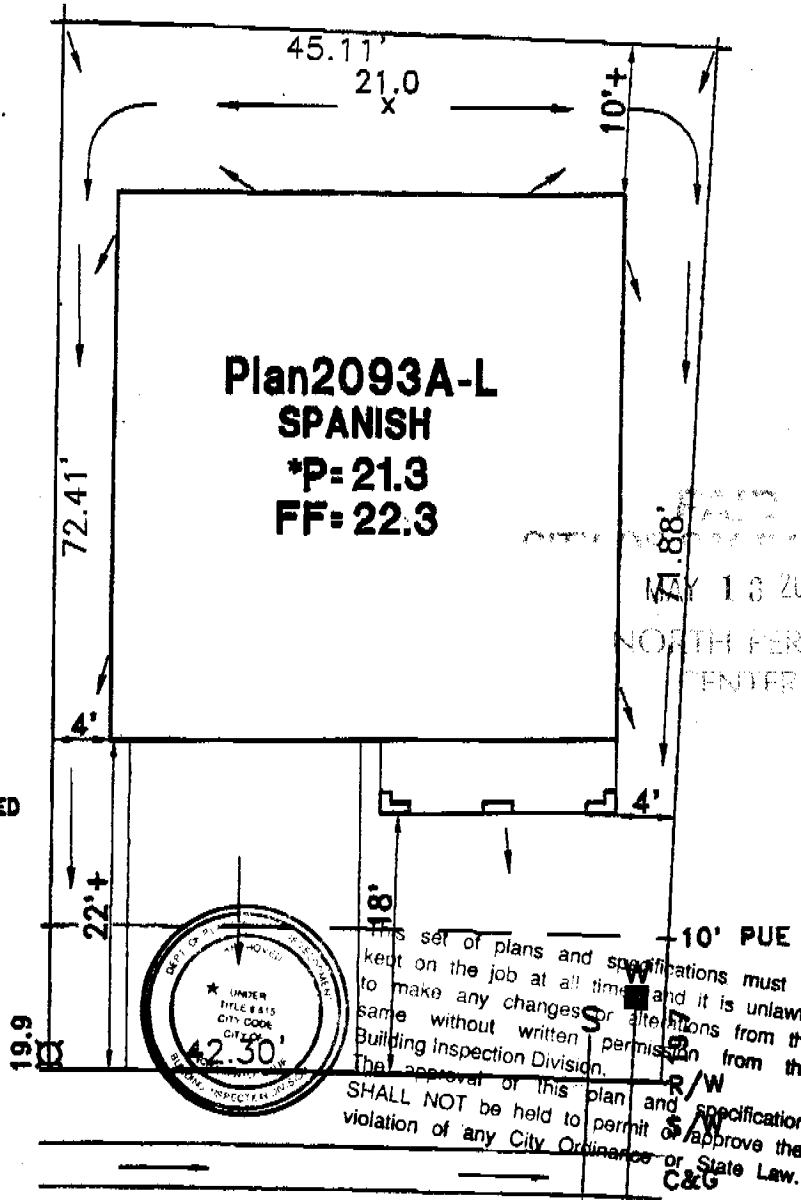
\_\_\_\_ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 5/17/05 Applicant Signature [Signature]

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSES OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE DIRECTION, AND APPROXIMATE UTILITY CONNECTION. ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL AND MAY OR MAY NOT BE CONSTRUCTED.



NOTE:

\*DESIGN PAD GRADE AS SHOWN ON THE APPROVED GRADING PLANS DATED 02-07-05

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations to the same without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

3449 TERNHAVEN WAY

LEGEND

- AC UNIT LOCATION
- DRAIN INLET
- SEWER SERVICE
- WATER SERVICE
- STREET LIGHT
- TRANSFORMER
- UTILITY BOX
- STREET LIGHT SERVICE POINT
- FIRE HYDRANT
- STOP SIGN

**PLOT PLAN FOR**  
**LOT 17**  
**HAMPTONS VILLAGE 1 - TRADITIONAL**  
**KB HOME NORTH BAY**  
**CITY OF SACRAMENTO CALIFORNIA**

**WOOD RODGERS**  
ENGINEERING • PLANNING • MAPPING • SURVEYING  
3381 S BYRST, BLDG. 100-B, SACRAMENTO, CA 95814  
PHONE (916) 261-7700 FAX (916) 261-7712

LOT NO. FT.	DATE	DRAWN	CHECKED	PROJECT NO.
3146	05-02-05	FJ	CJC	1217.013

J:\Jobs\1217-Nickolas Meadows\The Hamptons-V1\Civil\Plotplan\LOT 17.dwg 5/02/05 4:30pm jpwentpjh

# CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT			SACRAMENTO BUILDING PRODUCTS													
	KB Homes 3449 Terhaveren Wy Hampton Traditionals			LOT # 17 0506525			<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675			DATE INSULATION COMPLETED							
PART II AREAS INSULATED	WALLS			CEILING			FLOORS										
	(                      SQUARE FEET)			(                      SQUARE FEET)			(                      SQUARE FEET)										
	TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION										
	MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>			MATERIAL <b>FIBERGLASS</b>										
	FORM <b>BATTS</b>			FORM <b>BATTS &amp; BLOW</b>			FORM <b>BATTS</b>										
	MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.										
	MANUFACTURER			MANUFACTURER			MANUFACTURER										
	CT	OC	JM	CT	OC	JM	CT	OC	JM								
	R - VALUE INSTALLED			APPLIED THICKNESS			R - VALUE INSTALLED			APPLIED THICKNESS							
	13			3.5"			38			14 3/4"			19			5.5"	
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE																	
MATERIAL <b>FIBERGLASS</b>			FORM <b>BATTS</b>			R VALUE			MANUFACTURER								
									CT	OC	JM						
AIR INFILTRATION SEALANT																	
MATERIAL						MANUFACTURER											
<b>Foam</b>						<b>HILTI</b>			<b>HANDY FOAM</b>								
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.																	
SIGNATURE — INSULATION CONTRACTOR				TITLE				DATE									
<b>J.C.</b>				<b>MANAGER</b>				<b>7/19/05</b>									
SIGNATURE — GENERAL CONTRACTOR				TITLE				DATE									
REMARKS																	

3449 Fernhaven Wj  
Site Address

0506525  
Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1.  $\geq$  reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
WATER	A.O. SMITH	STD	N/A		40,000	50	.62		
GAS	6V1250								

- 2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input.
- For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- 3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date 8.23.05

R.C.R. COMPANIES  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
HERS Provider (if applicable)  
Building Owner at Occupancy

3449 Fernhaven Wy  
Site Address

0506585  
Permit Number

**FENESTRATION/GLAZING:**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. Pacific	.35	SH	2				low E <sup>2</sup>
2. ↓	.35	XO	2				
3. ↓	.34	PW	2				
4. ↓	.35	PD	2				
5. ↓							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup> Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

\_\_\_\_\_  
Signature, Date 12/13/04  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner  
OR Window Distributor

\_\_\_\_\_  
Signature, Date  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner  
OR Window Distributor

\_\_\_\_\_  
Signature, Date  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner  
OR Window Distributor

COPY TO: Building Department  
HERS Provider (if applicable)  
Building Owner at Occupancy

E<sub>2</sub>

3449 Fernhaven Wy

0506585

**INSTALLATION CERTIFICATE**

CF-6R

LOT \_\_\_\_\_ PLAN# \_\_\_\_\_ KB HOME - SCHUMACHER ALLEY  
 Site Address \_\_\_\_\_ Permit Number \_\_\_\_\_

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Mfr name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) $\geq$ CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	25,501	53,000	PLAN 1699
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	25,363	53,000	PLAN 1717
FURNACE	Carrier 58STX070-12	1	80%	ATTIC	6	26,387	53,000	PLAN 1846
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	29,738	70,000	PLAN 2013
FURNACE	Carrier 58STX090-16	1	80%	ATTIC	6	31,616	70,000	PLAN 2251

**Cooling Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) $>$ CF-1R Value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
A/C	Carrier 38BRC030*	1	13.0	ATTIC	6	19,664	27,600	PLAN 1699
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	21,175	33,100	PLAN 1717
A/C	Carrier 38BRC036*	1	13.0	ATTIC	6	20,815	33,100	PLAN 1846
A/C	Carrier 38BRC042*	1	13.0	ATTIC	6	25,809	38,600	PLAN 2013
A/C	Carrier 38BRC042*	1	13.0	ATTIC	6	27,401	38,600	PLAN 2251

\* = TXV valve installed as part of coil

(1)  $\geq$  reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

*Amala Perera* 8/1/2005  
 Signature, Date

**BEUTLER CORPORATION**  
 Installing Subcontractor (Co. Name)  
 OR General Contractor (Co. Name) OR Owner

# CERTIFICATION OF INSULATION

PART I GENERAL  KB Homes 3433 Terhaven Wy. Hamptons Traditional	LOT # 15 0506576	<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED
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WALLS			CEILING			FLOORS		
SQUARE FEET			SQUARE FEET			SQUARE FEET		
TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION		
MATERIAL: FIBERGLASS			MATERIAL: FIBERGLASS			MATERIAL: FIBERGLASS		
FORM: BATTS			FORM: BATTS & BLOW			FORM: BATTS		
MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
CT	OC	JM	CT	OC	JM	CT	OC	JM
R-VALUE INSTALLED			R-VALUE INSTALLED			R-VALUE INSTALLED		
APPLIED			APPLIED			APPLIED		
MIN. INSTALLED WEIGHT PER			MIN. INSTALLED WEIGHT PER			MIN. INSTALLED WEIGHT PER		
OTHER THAN WALLS ABOVE			OTHER THAN WALLS ABOVE			OTHER THAN WALLS ABOVE		
MATERIAL: FIBERGLASS			MATERIAL: FIBERGLASS			MATERIAL: FIBERGLASS		
FORM: BATTS			FORM: BATTS			FORM: BATTS		
R-VALUE			R-VALUE			R-VALUE		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
HILTI			HILTI			HILTI		
HANDY FOAM			HANDY FOAM			HANDY FOAM		

THIS IS TO CERTIFY THAT THE SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL SPECIFICATIONS.			
SIGNATURE — INSULATION CONTRACTOR	J.C.	TITLE	MANAGER
SIGNATURE — GENERAL CONTRACTOR		TITLE	
		DATE	7/22/05

REMARKS

3433 Terakwen Wj.

05065760

INSTALLATION CERTIFICATE

CF-6R

LOT PLAN# KB HOME - SCHUMACHER ALLEY Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Table with columns: Equip. Type (pkg. Heat pump), CEC Certified Mfr name and Model #, # of Identical Systems, (1) Efficiency (AFUE, etc.) > CF-1R value, Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr), and Plan Number.

Cooling Equipment

Table with columns: Equip. Type (pkg. Heat pump), CEC Certified Compressor Unit Mfr Name and Model #, # of Identical Systems, (1) Efficiency (SEER, etc.) > CF-1R Value, Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr), and Plan Number.

\* = TXV valve installed as part of coil

(1) > reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date: [Handwritten Signature] 8/1/2005

BEUTLER CORPORATION
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner



**INSTALLATION CERTIFICATE**

3433 Fairbairn Wy  
Site Address

0506576  
Permit Number

**FENESTRATION/GLAZING:**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. Pacific	.35	SH	2				lowe <sup>2</sup>
2. ↓	.35	XO	2				
3. ↓	.34	PW	2				
4. ↓	.35	PD	2				
5. ↓							
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11.							
12.							
13.							
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15.							

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup> Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)      Signature, Date      12/13/04  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner  
 OR Window Distributor

Item #s (if applicable)      Signature, Date  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner  
 OR Window Distributor

Item #s (if applicable)      Signature, Date  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner  
 OR Window Distributor

COPY TO: Building Department  
 HERS Provider (if applicable)  
 Building Owner at Occupancy

E<sub>2</sub>

3433 Termbauer Way  
Site Address

0506576  
Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1.  $\geq$  reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>2</sup> Loss (%)	External Insulation R-value <sup>3</sup>
WATER	A.O. SMITH	STD	N/A		40,000	50	62		
GAS	61250								

- 2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- 3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

8/23/05

K.C.P. COMPANIES  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
HERS Provider (if applicable)  
Building Owner at Occupancy